

05-11-01

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PTO/SB/50 (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket No.</td> <td>RE31586</td> </tr> <tr> <td>First Named Inventor</td> <td>MURRAY LAPPE</td> </tr> <tr> <td>Original Patent Number</td> <td>5,902,982</td> </tr> <tr> <td>Original Patent Issue Date (Month/Day/Year)</td> <td>May 11, 1999</td> </tr> <tr> <td>Express Mail Label No.</td> <td>EL759817080</td> </tr> </table>	Attorney Docket No.	RE31586	First Named Inventor	MURRAY LAPPE	Original Patent Number	5,902,982	Original Patent Issue Date (Month/Day/Year)	May 11, 1999	Express Mail Label No.	EL759817080
Attorney Docket No.	RE31586										
First Named Inventor	MURRAY LAPPE										
Original Patent Number	5,902,982										
Original Patent Issue Date (Month/Day/Year)	May 11, 1999										
Express Mail Label No.	EL759817080										
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent											
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>  1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary): a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	<b>ACCOMPANYING APPLICATION PARTS</b>  10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: ..... ..... .....										
<b>18. CORRESPONDENCE ADDRESS</b>											
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NAME (Print/Type)	John M. Collins	Registration No. (Attorney/Agent)	26,262
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 13	Total Claims (37 CFR 1.16(i))	(B) 21	**** 1 =	x \$ 9.00	9.00	or	x \$ ____ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ 40 =	80		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 355		\$ ____	
Total Filing Fee					\$ 444	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-0522</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>444.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<u>5-10-01</u> Date				 Signature of Applicant, Attorney or Agent of Record <u>John M. Collins</u> Typed or printed name				

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): LAPPE, Murray

Docket No.

RE31586

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: CHANGEABLE MACHINE READABLE ASSAYING INDICIA

I hereby certify that this Express Mail Certification; Reissue Patent Application Transmittal; Fee Transmittal Form; Statement of Status and Support for Claims; Reissue Amendment; specification; claims; abstract; 7 sheets drawings; declaration of inventor; Consent of Assignee; \$444.00 are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on May 10, 2001.

Terry Spain

(Typed or Printed Name of person Mailing Correspondence)



(Signature of Person Mailing Correspondence)

EL 75981708 US

("Express Mail" Mailing Label Number)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

LAPPE, Murray

Patent No. 5,902,982

Issued: May 11, 1999

CHANGEABLE MACHINE READABLE  
ASSAYING INDICIA

Group Art Unit No.

Examiner:

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

CONSENT OF ASSIGNEE


NATIONAL MEDICAL REVIEW OFFICE, INC., Los Angeles, California, as assignee of the entire right, title and interest in, to and under U.S. Patent No. 5,902,982 entitled CHANGEABLE MACHINE READABLE ASSAYING INDICA, hereby consents to the filing of the above identified application for reissue of Patent No. 5,902,982 and to the issuance of a reissue patent thereon.

NATIONAL MEDICAL REVIEW OFFICE, INC.

By

Name:

Title:

  
MURRAY LAPPE, MD  
President CEO

Dated: 5-8-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

LAPPE, Murray

Patent No. : 5,902,982

Issued: May 11, 1999

CHANGEABLE MACHINE READABLE  
ASSAYING INDICIA

Docket No. RE31586

Group Art Unit No.

Examiner:

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

STATEMENT OF STATUS AND SUPPORT FOR CLAIMS

Pursuant to 37 CFR § 1.173(c), the following is a statement of the status and support for the claims presented in the concurrently filed reissue application.

Claims 1-13 remain as originally patented in U.S. Patent No. 5,902,982, without any amendment.

Claims 14-21 are newly added in the reissue application. The following sets forth exemplary support for the limitations of claims 14-21, with reference to the column and line number of Patent No. 5,902,982, and similarly with reference to the specification of the reissue application.

***Claim Limitation***

***Support***

Claim 14. Entire claim

Col. 8, ll. 44-67

Claim 15. Preamble

Col. 8, ll. 44-67

a substrate . . .

Col. 4, ll. 1-2; col. 8, ll. 44-67

at least one assaying indicia . . .

Col. 4, ll. 1-2; col. 8, ll. 44-67

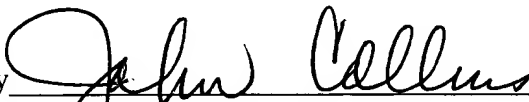
said assaying indicia being . . .

Col. 1, ll. 58-62; col. 7, ll. 12-17

Claim 16. Entire claim	Col. 9, ll. 24-27
Claim 17. Entire claim	Col. 9, ll. 36-37
Claim 18. Entire claim	Col. 9, ll. 49-57
Claim 19. Entire claim	Col. 9, ll. 58-62
Claim 20. Preamble	Col. 8, ll. 44-67
obtaining a urine sample . . .	Col. 8, ll. 44-67
providing a substrate . . .	Col. 8, ll. 44-67
contacting said substrate . . .	Col. 8, ll. 44-67
at least one assaying . . .	Col. 8, ll. 44-67
said assaying indicia being . . .	Col. 1, ll. 58-62; col. 7, ll. 12-17
machine reading said . . .	Col. 8, ll. 44-67
storing said drug results . . .	Col. 8, ll. 44-67
Claim 21. Entire claim	Col. 8, ll. 44-67

Any additional fee which is due in connection with this amendment should be applied against our Deposit Account No. 19-0522.

Respectfully submitted,

By   
John M. Collins, Reg. No. 26,262  
2405 Grand Boulevard, Suite 400  
Kansas City, Missouri 64108  
816/474-9050

ATTORNEYS FOR APPLICANT(S)